AMENDMENTS TO THE CLAIMS

1.-93.   (Canceled)

94.   (Withdrawn) A method for using a computer to facilitate E&M coding by a medical provider of a patient encounter comprising: A. inputting into the computer a code selecting An electronic template specific to a type of patient encounter; B. acquiring data prompted by the electronic template for the specific type of patient encounter for a specific patient encounter; C. inputting into the computer the data acquired for the specific type of patient encounter for the specific patient encounter; D. outputting an audit of the inputted data acquired for the specific patient encounter; E. outputting a Preliminary E&M code; F. inputting into the computer modifying variables for the specific patient encounter; G. outputting a Final E&M code;

the method in which the step of inputting into the computer a code selecting an electronic template specific to a type of patient encounter further comprises: H. inputting into the computer a set of electronic templates and an electronic template menu;

and in which the step of acquiring data prompted by the electronic template for the specific type of patient encounter comprises: I. examining at least one aspect of the patient encounter,

and in which the step of inputting into the computer the data acquired for the specific type of patient encounter for the specific patient encounter comprises: J. inputting into the computer data acquired from the examination of the at least one aspect of the patient encounter;

and in which the step of outputting an audit of the inputted data acquired for the specific patient encounter comprises: K. displaying and comparing the data inputted into the computer with the data required to be acquired, in examining at least one aspect of the patient encounter,

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and in which the step of outputting a Preliminary E&M code comprises: L. displaying the data inputted into the computer and requiring the inputting of an acknowledgment of complete data acquisition and data inputting;

and in which the step of inputting into the computer modifying variables for the specific patient encounter comprises; M. identifying the modifying variables pertinent to the specific type of patient encounter; identifying the modifying variables pertinent to the specific patient encounter;

and in which the step of outputting a Final E&M code comprises: N. displaying the data inputted into the computer, requiring the inputting of an acknowledgment of complete data acquisition and data inputting, storing by means, the Final E&M code.

95.   (Withdrawn) The method of claim 1 further comprising: A. the set of electronic templates comprising an electronic template for each type of patient encounter; requesting the electronic template menu; selecting by key stroke, mouse, touch pad or other menu selection means, the electronic template specific to the type of patient encounter; B. examining at the at least one aspect of the patient encounter, by one or a plurality of patient encounter entities, as prompted by the selected electronic template; C. displaying aid comparing the data inputted into the computer with the data required to be acquired as prompted by the selected electronic template and requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the at least one aspect of the patient encounter; D. displaying the data inputted into the computer and requiring the inputting of an acknowledgment of complete data acquisition and data inputting; and in which the step of inputting into the computer modifying variables for the specific patient encounter comprises; E. selecting the modifying variables pertinent to the specific patient encounter; inputting data representing the selected modifying variables into the

computer; F. displaying the data inputted into the computer, requiring the inputting of an acknowledgment of complete data acquisition and data inputting, storing by means, the Final E&M code.

96.   (Withdrawn) The method of claim 2 in which the one or a plurality of patient encounter entities includes nurse station software interface, reception interface, check-in interface, check-out interface and provider interface.

97.   (Withdrawn) The method of claim 2 in which the selection of the electronic template is from the group electronic templates for types of patient encounters including general multi-system examination; cardiovascular examination; ear, nose and throat examination; eye examination; genitourinary examination; hematologic/lymphatic/immunologic examination; musculoskeletal examination, neurological examination; psychiatric examination; respiratory examination; and skin examination.

98.   (Withdrawn) A method for using a computer to facilitate E&M coding by a medical provider of a patient encounter comprising: A. inputting into the computer a code selecting one or a plurality of electronic template specific to one or a plurality of types of patient encounters; B. acquiring data prompted by the one or a plurality of electronic templates for the specific one or a plurality of types of patient encounter for a specific patient encounter; C inputting into the computer the data acquired for the one or a plurality of specific types of patient encounter for the specific patient encounter; D. outputting one or a plurality of audits of the inputted data acquired for the specific patient encounter; E. outputting one or a plurality of Preliminary E&M codes; F. inputting into the computer one or a plurality of modifying variables for the specific patient encounter; G. outputting one or a plurality of Final E&M codes;

the method of inputting into the computer a code selecting one or a plurality of electronic templates specific to one or a plurality of types of patient encounters further comprises: H. inputting into the computer a set of electronic templates and an electronic template menu; requesting the electronic template menu;

and in which the step of acquiring data prompted by the one or a plurality of electronic templates for the one or a plurality of specific type of patient encounter comprises: I. examining at least one aspect of the patient encounter,

and in which the step of inputting into the computer the data acquired for the one or a plurality of specific types of patient encounter for the specific patient encounter comprises: J. inputting into the computer data acquired from the examination of the at least one aspect of tie patient encounter;

and in which the step of outputting one or a plurality of audits of the inputted data acquired for the specific patient encounter comprises; K. displaying and comparing the data inputted into the computer with the data required to be acquired, in examining at least one aspect of the patient encounter;

and in which the step of outputting one or a plurality of Preliminary E&M codes comprises: L. displaying the data inputted into the computer and requiring the inputting of one or a plurality of acknowledgments of complete data acquisition and data inputting; and in which the step of inputting into the computer one or a plurality of modifying variables for the specific patient encounter comprises; M. identifying the one or a plurality of modifying variables pertinent to the one or a plurality of specific types of patient encounter; identifying the one or a plurality of modifying variables pertinent to the specific patient encounter;

and in which the step of outputting one or a plurality of Final E&M codes comprises: N. displaying the data inputted into the computer, requiring the inputting of one or a plurality of acknowledgments of complete data acquisition and data inputting, storing by means, the one or a plurality of Final E&M codes.

99. (Withdrawn) The method of claim 5 further comprising: A. inputting into the computer the set of electronic templates comprising an electronic template for each type of patient encounter, selecting by key stroke, mouse, touch pad or other menu selection means, one or a plurality of electronic template specific to the type of patient encounter; B. examining the at least one aspect of the patient encounter by one or a plurality of patient encounter entities, as prompted by the one or a plurality of the selected electronic templates; C. displaying and comparing the data inputted into the computer with the data required to be acquired as prompted by the selected one or a plurality of electronic templates and requiring the inputting of one or a plurality of acknowledgments of complete data acquisition and data inputting for the at the least one aspect of the patient encounter; D. selecting the one or a plurality of modifying variables pertinent to the specific patient encounter; inputting data representing the selected one or a plurality of modifying variables into the computer.

100. (Withdrawn) The method of claim 6 in which the one or a plurality of patient encounter entities includes nurse station software interface, reception interface, check-in interface, check-out interface and provider interface.

101. (Withdrawn) The method of claim 6 in which the selection of the one or a plurality of electronic templates is from the group electronic templates for types of patient encounters including general multi-system examination; cardiovascular examination; ear, nose and throat examination; eye examination; genitourinary examination; hematologic/lymphatic/immunologic

examination; musculoskeletal examination, neurological examination; psychiatric examination; respiratory examination; and skin examination.

102.   (Withdrawn) The method of claim 6 in which the step of acquiring data prompted by the electronic template for the specific type of patient encounter comprises: A. conducting an examination of at least a history component, a physical component and a medical decision component, by one or a plurality of patient encounter entities, as prompted by the selected electronic template;

and in which the step of inputting into the computer the data acquired for the specific type of patient encounter for the specific patient encounter comprises: B. inputting into the computer data acquired from the examination of the at least a history component, a physical component and a medical decision component for the patient encounter;

and in which the step of outputting an audit of the inputted data acquired for the specific patient encounter comprises: D. displaying and comparing the data inputted into the computer with the data required to be acquired, for the at least a history component, a physical component and a medical decision component for the patient encounter, as prompted by the selected electronic template and requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the at least a history component, a physical component and a medical decision component of the patient encounter; E. outputting a Preliminary E&M code; F. inputting modifying variables; G. outputting a Final E&M code.

103.   (Withdrawn) The method of claim 9 in which the step of acquiring data prompted by the electronic template for the at least a history component comprises: A. taking, at a patient encounter, the Chief Complaint/History of Present Illness(CCHPI); taking the Past Family Social History(PFSH) and making a Review of Systems(ROS);

and in which the step of acquiring data prompted by the electronic template for the at least a physical component comprises: B. conducting a physical exam;

and in which the step of acquiring data prompted by the electronic template for the at least a medical decision component comprises: C. making a data evaluation; making a diagnosis; making a risk assessment;

and in which the step of inputting into the computer the data acquired from the examination of the at least a history component: D. inputting the data of the taking of the CCHPI; inputting the data of the taking of the PFSH, inputting the data of the making of the ROS;

and in which the step of inputting into the computer the data acquired from the examination of the at least a physical component: F. inputting the data of the making of the physical exam;

and in which the step of inputting into the computer the data acquired the examination of the at least a medical decision component: H. inputting the data from making the data evaluation; inputting the data from making the diagnosis; inputting the data from making the risk assessment;

and in which the step of outputting an audit of the data for the at least a history component: I. displaying and comparing the data inputted into the computer with the data required to be acquired as prompted by the selected electronic template, for the at least a history component from the taking of the CCHPI; for the taking of the PFSH; and for the making of the ROS; requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the taking of the CCHPI producing a CCHPI Code Level; for the taking of the PFSH producing a PFSH Code Level; and for the making of the ROS producing a ROS Code Level;

and in which the step of outputting an audit of the data for the at least a physical component: J. displaying and comparing the data inputted into the computer with the data required to be acquired as prompted by the selected electronic template, for the at least a physical component from the making of the physical exam; requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the making of the physical exam producing a physical code level;

and in which the step of outputting an audit of the data for the at least a medical decision component: K. displaying and comparing the data inputted into the computer with the data required to be acquired as prompted by the selected electronic template, for the at least a medical decision component from the making of the data evaluation; from the making of the diagnosis, and from the making of the risk assessment; requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the making of the data evaluation producing a data evaluation code level, for the making of the diagnosis producing a diagnosis code level, and the making of the risk assessment producing a risk assessment code level; from the making of the physical exam producing a physical code level;

and in which the step of outputting a Preliminary E&M code comprises: L. combining the CCHPI code level, the PFSH code level and the ROS code level producing the Lowest Code Level and the History Code Level; combining the data evaluation code level, the diagnosis code level and the risk assessment code level producing the Level of Highest Two Code Levels and the Medical Decision Code Level; combining the History Code Level, the Physical Code Level and the Medical Decision Code Level producing the Patient Encounter Category; selecting from the Patient Encounter Category the Lowest of 3 Code Levels or the Highest Two Code Levels producing the Preliminary E&M code.

104. (Previously presented) Apparatus for gathering medical information regarding a patient and generating a billing code related to that information, including:

electronic means including:

a prompting means to repeatedly generate real-time prompts for various information including medical services being provided; and

a recording means for recording the information,

wherein said real-time prompts include:

a guiding means for guiding a physician-during an interaction with a patient and a reminding means to remind the physician-regarding specific points of inquiry relevant to further examination of the patient, and

a soliciting means to solicit underlying information regarding the details of the medical service being provided, said underlying information being usable for calculating a medical service code based upon said underlying information, said underlying information being necessary for determining and supporting the medical services code for purposes of the physician eventual billing for the services;

the electronic means further including:

a processing means for calculating intermediate values based on said recorded information; and

a processing means for using said intermediate values to generate said billing code.

105. (Previously presented) The apparatus of Claim 104, in which said electronic means comprises a handheld computer with a touch screen interface, said interface facilitating the entering and recording of the patient information in real time.

106. (Previously presented) A method for gathering a patient's data and using that data in generating a billing code, including the steps of:

providing an electronic computer for implementing the steps of:

generating real-time prompts to prompt an information gatherer interacting with a patient to gather information that at least includes information relevant to calculating the billing code, said computer prompts including:

guiding the information gatherer during said interaction with the patient and

reminding the information gatherer regarding specific points of inquiry relevant to further examination of that patient;

soliciting underlying information usable for calculating a description of medical service, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

obtaining and recording that information;

repeating said prompting, obtaining, and recording steps; and

electronically calculating a desired billing code from said gathered data.

107. (Previously presented) The method of Claim 106, further including a step before said billing code calculation, said further step comprising electronically calculating an intermediate value for some subset of the data recorded for the patient.

108. (Previously presented) The method of Claim 106 or 107, in which said electronic computer is provided in the form of a handheld computer with a touch screen interface, said

recording step involving entering the patient information in real time via said touch screen interface.

109.   (Previously presented) The method of Claim 106 or 107, in which said step of calculating a billing code calculates an appropriate code from the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services) codes.

110.   (Previously presented) A method of calculating a medical billing code that complies with the requirements of the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services), including the steps of:

(a) providing an electronic computer or scannable form;

(b) generating real-time prompts for prompting an information gatherer interacting with a patient to gather information via said electronic computer or said scannable form to gather information;

(c) gathering information that at least includes information relevant to calculating the billing code;

(d) guiding said information gatherer during said interaction with the patient;

(e) reminding said information gatherer regarding specific points of inquiry relevant to further examination of that patient; and

(f) soliciting underlying information usable for calculating a description of the medical services being provided rather than said prompts soliciting said information gatherer for the description itself of the medical services, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the

patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

(g) obtaining and recording that information into said electronic computer or said scannable form;

repeating steps (a)-(g); and

electronically calculating a desired billing code from said gathered data.

111.   (Previously presented) The method of Claim110, in which said electronic computer is provided in the form of a handheld computer with a touch screen interface, and said recording step involving entering the patient information in real time into said electronic computer via said touch screen interface.

112.   (Previously presented) An integrated electronic system for conducting a medical interview of a patient and contemporaneously compiling medical data and calculating an appropriate Evaluation and Management billing code based on that interview, including:

electronic means including:

a prompting means for generating real-time prompts to prompt an interviewer to make a series of inquiries for eliciting corresponding responses from the patient during a patient encounter, said series of inquiries and said corresponding responses including at least sufficient details to support billing requirements imposed by payer mandates, said series of inquiries including individual data elements needed to calculate or derive the Evaluation and Management billing code,

said prompting means further including:

a calculating means for calculating further prompting for inquiries regarding the patient using at least some of the preceding responses;

a guiding means for guiding the interviewer during said interaction with the patient;

a reminding means to remind the interviewer regarding specific points of inquiry relevant to further examination of that patient; and

a soliciting means to solicit underlying information usable for calculating a description of the medical services being provided, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

the electronic means further including:

a recording means for recording responses regarding the patient or other information regarding the prompted inquiry; and

a calculating means for calculating the Evaluation and Management billing code which meets the billing requirements imposed by said payer mandates, said billing code based on information recorded from the medical interview;

the integrated electronic system further including:

data forms for collecting and storing data from said patient encounter, said data comprising responses regarding the patient, user responses to said prompts for said description and/or information, and user generated text information based in part on said patient encounter;

a timer for tracking total patient encounter time and total patient counseling time during said patient encounter, and an algorithm for comparing total patient encounter time and total patient counseling time, and determining said billing code based upon said comparison; and

a data storage and access means for storing said data from said patient encounter having:

codes representative of at least one of billing, procedure, and documentation requirements;

an algorithm for linking, comparing, and computing said collected data with said requirement codes; and

a resultant code based in part on said linked, compared, and computed data.

113.   (Previously presented) Apparatus for electronically calculating an appropriate United States Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) billing code based on a medical examination of a patient, including:

electronic means for recording information gathered during the medical examination to support billing requirements imposed by HCFA (CMS);

electronic means for automatically determining, based upon said gathered information, intermediate HCFA (CMS) code values for sub-parts of the examination; and

electronic means for automatically determining, based upon said gathered information, an appropriate final HCFA (CMS) billing code from the intermediate HCFA (CMS) code values.

114.   (Previously presented) Electronic apparatus for use in connection with an encounter between a medical practitioner and a patient, comprising:

electronic means for prompting the medical practitioner regarding data to be obtained from the patient regarding patient care and corresponding Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) billing codes, said data including the individual data elements needed to calculate and derive the final billing code based on billing requirements imposed by HCFA (CMS), said data constituting specific details about the patient encounter other than raw codes;

a data storage and access means for storing said data from the patient and providing

access to:

a menu section comprising at least one of history, physical examination, and medical

decision making questions, said menu section related to said means for prompting the medical

practitioner;

payer mandated requirement codes;

scores based in part on results from responses to said menu section;

an algorithm for linking and processing said requirement codes with said scores; and

a resultant code based in part on said linked and processed requirement codes and scores.

115.   (Previously presented) The apparatus of Claim 114, wherein said payer mandated

requirement codes are Health Care Financing Administration (now known as Centers for

Medicare and Medicaid Services) codes.

116.   (Previously presented) The apparatus of Claim 114, further comprising a timer for timing

total time and patient counseling time during said encounter.

117.   (Previously presented) The apparatus of Claim 114, further comprising software for

enabling a user of said apparatus to self-generate questions in any particular order.

118.   (Previously presented) The apparatus of Claim 114, further comprising option for noting

dictation and for later including said dictation with said stored data.

119.   (Previously presented) The apparatus of Claim 114, further comprising at least one of

history score, physical examination score, and medical decision making score.

120.   (Previously presented) The apparatus of Claim 114, further comprising a final score,

based at least in part on said history score, physical examination score, and medical decision

making score.

121. (Previously presented) The apparatus of Claim 114, further including dictated and/or free form text information, said information based at least in part on said responsive data.

122. (Previously presented) The apparatus of Claim 121, further including a final text version comprising responses to at least one of said history, physical examination, and medical decision making questions and said dictated and/or free form text information for at least one of said history, physical examination, and medical decision making questions.

123. (Previously presented) Apparatus for compiling medical data and generating claims consistent with payer mandates, comprising:

electronic means for displaying topics of inquiry for use with a patient during a patient encounter, said topics of inquiry including at least sufficient details to support billing requirements imposed by said payer mandates, said topics of inquiry including individual data elements needed to calculate or derive the final billing code based on billing requirements imposed by Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS));

data forms for collecting and storing data from said patient encounter, said data comprising patient responses and user generated text information based in part on said patient encounter;

a storage and access medium having:

codes representative of at least one of billing, procedure, and documentation requirements;

an algorithm for linking, comparing, and computing said collected data with said requirement codes; and

a resultant code based in part on said linked, compared, and computed data.

124.   (Previously presented) The apparatus of Claim 123, wherein said resultant code is an evaluation and management code to be used in a claim and for submitting to a payer.

125.   (Previously presented) The apparatus of Claim 123, further comprising a timer for tracking total time and patient counseling time during said patient encounter, and algorithm for computing the percent of total time used for counseling.

126.   (Previously presented) The apparatus of Claim 124, wherein said requirement codes are Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services) codes.

127.   (Previously presented) The apparatus of Claim 123, wherein said requirement codes are insurance requirement codes.

128.   (Previously presented) The apparatus of Claim 124, 125, 126, or 127 wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

129.   (Previously presented) A medical electronic device for facilitating patient inquiries, for collecting and storing responses to said inquiries, and for generating documentation and claim requirements, said device comprising:

an electronic means for prompting a user with questions and inquiries and

a storage and access medium for storing responses and free text information, the storage and access medium including:

medical charts having at least one of history, physical examination, and medical decision making information;

software configured for storing Health Care Financing Administration (now known as

Centers for Medicare and Medicaid) codes, and for linking said responses with said Health Care

Financing Administration (Centers for Medicare and Medicaid Services) codes; and

a resultant code based in part on said linked responses.

130. (Previously presented) A process for generating documents, records, and codes in

compliance with government or health insurance mandates, said process including the steps of:

(a) providing a database of procedure and treatment requirements;

(b) using at least one electronic input device to gather information regarding a patient

based at least in part on information in said database and at least in part on one of history,

physical examination, and medical decision making inquiries;

(c) calculating scores, said scores are based in part on said requirements and related

to billing codes and said gathered information;

(d) electronically linking said gathered information, said requirements, and said

scores for processing;

(e) processing said linked information with an algorithm to compute a final score;

(f) providing a copy of said final score and other gathered information; and

(g) submitting said copy to a government or a health insurance entity for payment.

131. (Previously presented) The apparatus of Claim 104, 112, or 113, wherein said electronic

means comprises at least one of desktop computer, computer terminal, laptop computer,

handheld computer, handheld device, voice recognition device, voice recognition software, and

scannable paper forms.

132. (Previously presented) The method of Claim 106 or Claim 107 or Claim 108 or Claim

109 or Claim 110 or Claim 111, wherein said electronic computer is at least one of desktop

computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable forms.

133.   (Previously presented) The system of Claim 112, further including at least one scannable form for prompting inquiries.

134.   (Previously presented) The apparatus of Claim 114, 115, or 123, further including at least one scannable form for prompting inquiries.

135.   (Previously presented) The apparatus of Claim 104 or 113, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time, and determining said billing code based upon said comparison.

136.   (Previously presented) The method of Claim 106 or 110, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

137.   (Previously presented) The system of Claim 112, wherein the resultant code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

138.   (Previously presented) The apparatus of Claim 114, 115, 123, or 124, wherein said data includes patient counseling information and patient care information.

139.   (Previously presented) The method of Claim 106, 107, or 110 further including storing patient counseling information and patient care information, and using said stored information for billing, historical tracking and analyzing.

140.   (Previously presented) The device of Claim 129, wherein said information includes patient counseling information and patient care information.

141.   (Previously presented) The electronic system on Claim 112, further including inquiries relating to history, physical exam, and medical decision making, and algorithm for computing

said billing code based in part on said history, physical exam, and medical decision making

inquiries.

142.   (Previously presented) The apparatus of Claim 104, in which at least some of said

repeated prompting is determined by previous information recorded.

143.   (Previously presented) The method of Claim 106, in which at least some of said repeated

prompting is dependent on previous data gathered from the patient.

144.   (Previously presented) The system of Claim 112, further including: computer-readable

patient-administered information forms for obtaining certain data related to patient care or to

Health Care Financing Administration (HCFA) (now known and Centers for Medicare and

Medicaid Services (CMS)) requirements.

145.   (Previously presented) The system of Claim 112, where said billing code is based on

billing requirements imposed by the United States Health Care Financing Administration (now

known as Centers for Medicare and Medicaid Services) codes.

146.   (Previously presented) The system of Claim 112, in which said electronic means

comprises a handheld computer with a touch screen interface, said interface facilitating the

recording of the patient information in real time.

147.   (Previously presented) The system of Claim 112, further comprising software for

enabling a user of said system to self-generate questions in any particular order.

148.   (Previously presented) The system of Claim 112, further including communicating means

including a final text version comprising said stored data and/or dictated text and/or free form

text for at least one of said details of a patient history, details of a patient examination, and

details of medical decision making regarding a patient diagnosis.

149.   (Previously presented) The system of Claim 112, further including at least one scannable or electronic form for gathering information about patient history from or on behalf of the patient.

150.   (Previously presented) The method of Claim 106, further including storing said underlying information, and using said stored information for clinical care, quality assurance, and/or research purposes.

151.   (Previously presented) The system of Claim 112, further including storing said underlying information, and using said stored information for clinical care, quality assurance, and/or research purposes.

152.   (Previously presented) The system of Claim 112, wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

153.   (Previously presented) The system of Claim 112 further including storing patient counseling information and patient care information, and using said stored information for billing, historical tracking and analyzing.

154.   (Previously presented) The apparatus of Claim 113, 114, or 129, further including storing patient counseling information and patient care information, and using said stored information for billing, historical tracking and analyzing.

155.   (Previously presented) The apparatus of Claim 113, 114, or 129, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to Health Care Financing Administration (HCFA) (now known and Centers for Medicare and Medicaid Services (CMS)) requirements.

156.   (Previously presented) The method of Claim 106, 107, or 110, further including:

computer-readable patient-administered information forms for obtaining certain data related to

patient care or to Health Care Financing Administration (HCFA) (now known and Centers for

Medicare and Medicaid Services (CMS)) requirements.

157.   (New) An integrated electronic system for conducting a medical interview of a patient

and contemporaneously compiling medical data and calculating an appropriate Evaluation and

Management billing code based on that interview, including:

electronic means including:

a prompting means for generating real-time prompts to prompt an interviewer to make a

series of inquiries for eliciting responses from the patient during a patient encounter, said series

of inquiries and said responses including at least sufficient details to support billing requirements

imposed by payer mandates, said series of inquiries including individual data elements needed to

calculate or derive the Evaluation and Management billing code,

said prompting means further including:

a calculating means for calculating further prompting for inquiries regarding the patient

using at least some of the preceding responses;

a guiding means for guiding the interviewer during said interaction with the patient;

a reminding means to remind the interviewer regarding specific points of inquiry relevant

to further examination of that patient; and

a soliciting means to solicit underlying information usable for calculating a description of

the medical services being provided, said underlying information comprising details of a patient

history, details of a patient examination and/or details of medical decision making regarding a

patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient,

information used for clinical research, information used for quality assurance, and/or information

used to compile patient care data base information;

the electronic means further including:

a recording means for recording said responses or other related information

corresponding to the series of inquiries; and

a calculating means using information including said recorded responses to derive the

Evaluation and Management billing code, said billing code complying with the billing

requirements imposed by said payer mandates.

158.   (New) A method for assisting a user in conducting a patient encounter, said patient

encounter comprising inquiry, examination, assessment, counseling, or decision regarding said

patient, storing data regarding said patient encounter, and generating a billing code based on said

patient encounter data, including:

a prompting means for reminding the user to enter individual data elements, wherein said

data elements comprise data needed to indicate the type of patient encounter, to document what

was found or what occurred during said patient encounter, or to comply with requirements for

calculation of said billing code specific for said type of patient encounter;

an inputting means for recording said patient encounter data;

a data storage means for preserving said patient encounter data;

a calculating means for using said data regarding said patient encounter to derive for the

user said billing code, said billing code complying with billing requirements imposed by payer

mandates for said type of patient encounter; and

a data access means whereby items preserved by said data storage means and results of

said calculating means can be viewed, analyzed, or revised.